

Case Number:	CM13-0069306		
Date Assigned:	07/02/2014	Date of Injury:	11/13/2012
Decision Date:	08/08/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Primary treating physician's progress report dated November 8, 2013 was provided [REDACTED]. SUBJECTIVE COMPLAINTS: Status post (S/P) shoulder arthroscopy with rotator cuff repair, acromioplasty and distal clavicle excision, right shoulder. Patient returns to our office due to her ongoing shoulder and elbow condition. She has continued to make progress with physical therapy and is now able to perform her ADLs without severe pain. She still is unable to reach above shoulder level. She also notices some continued tenderness if she rests her elbow on a hard surface. PHYSICAL EXAMINATION: Right shoulder reveals that the patient is neurologically intact from C5 to T1. There is no lymphedema and there in normal skin. There are 2+ ulnar and radial pulses with normal capillary refill. Her passive motion is about 120 degrees forward flexion and 110 degrees of abduction with pain at the endpoints of motion. There is no pain to palpation. Her overall strength is 4+/5 with moderate pain. The right elbow has full pain free ROM. There is no fluid collection and a small palpable bony prominence on the tip of the olecranon. IMPRESSION: S/P cuff repair, right shoulder, with resolving adhesive capsulitis and resolving olecranon bursitis due to direct elbow pressure. PLAN: She will continue PT with an emphasis on stretching and continued strengthening. She will also continue to exercise the shoulder at home. She will also continue avoid resting the elbow on any hard surfaces. Date of injury was 11-13-2012. Operative record 05-08-2013 documented right shoulder rotator cuff tear, right shoulder impingment, right shoudler acromioclavicular joint arthritis. Operation: 1. Right shoulder arthroscopic rotator cuff repair; 2. Right shoulder arthroscopic acromioplasty with coracoacromial ligament release; 3. Right shoulder arthroscopic distal clavicular excision. MRI right shoulder 12/10/12 IMPRESSION: (1) Severe supraspinatus tendinosis with a focal either through-and-through tear or deep bursal surface partial tear affecting greater than 50% of the thickness of the tendon seen on coronal image number 8 and of

the distal tendon and reactive changes in the adjacent greater tuberosity. There is reactive bursitis present. Marked thickening in the coracoacromial ligament and there is enlarged enthesophyte at its insertion on the undersurface of a type II acromion. Utilization review dated 12-18-2013 documented: Report dated 12/02/13 reveals that the claimant has attended 17 visits. Report dated 12/02/13 reveals - On exam, there is reduced pain and tenderness over the shoulder, active/passive range of motion to flexion is 0-160 degrees, abduction 0-145 degrees, external rotation 0-45 degrees and hand behind back up to T12, strength is 4+/5 in all planes.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

CONTINUED POST OP PHYSICAL THERAPY 2-3 TIMES A WEEK FOR 6 WEEKS, FOR RIGHT SHOULDER.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 4-5.

Decision rationale: Operation was performed 05-08-2013: 1. Right shoulder arthroscopic rotator cuff repair; 2. Right shoulder arthroscopic acromioplasty with coracoacromial ligament release; 3. Right shoulder arthroscopic distal clavicular excision. Primary treating physician's progress report dated November 8, 2013 documented: patient's passive motion is about 120 degrees forward flexion and 110 degrees of abduction with pain at the endpoints of motion. Utilization review dated 12-18-2013 documented: Report dated 12/02/13 reveals that the claimant has attended 17 visits. Report dated 12/02/13 reveals - On exam, active/passive range of motion to flexion is 0-160 degrees, abduction 0-145 degrees, external rotation 0-45 degrees and hand behind back up to T12, strength is 4+/5 in all planes. Range of motion improved on physical examination in the period 11/08/13-12/02/13, indicating positive response to physical therapy. Range of motion on 12/02/13 was not normal, suggesting potential for additional improvement, with additional physical therapy. MTUS Postsurgical Treatment Guidelines allows for 40 visits of physical medicine status post rotator cuff surgery. MTUS Postsurgical Treatment Guidelines and medical records support the medical necessity of additional physical therapy. Therefore, the request for continued post op physical therapy 2-3 times a week for 6 weeks, for right shoulder is medically necessary.